

MAR 20 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County JasperRegistration District No. 408

Township

Primary Registration District No. 3020

City

Carthage(No. 717 E. Fifth St.)File No. 6761

Registered No.

St. Ward

2. FULL NAME

Carine M. Early Henderson(a) Residence, No. 717 E. Fifth St., Carthage, Missouri, Mo. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

E. M. Henderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Oct 30, 1887

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

49517

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Carthage Missouri

FATHER

13. NAME

Jack M. Early

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Arkansas

MOTHER

15. MAIDEN NAME

Anna Irving

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

17. INFORMANT (ADDRESS)

John Irving 717 E. 5th - Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Green Hill Bur. DATE Feb. 21, 1937

19. UNDERTAKER (ADDRESS)

Knice Martiney Carthage, Missouri20. FILED Feb. 20, 1937S. B. Colleton

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Feb 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Feb 4, 1937 to Feb 17, 1937I last saw him alive on Feb 16, 1937. Death is saidto have occurred on the date stated above, at 4:45 A.M.

The principal cause of death and related causes of importance were as follows:

Influenza
Bronchial pneumonia

Date of onset

2/4/37

Other contributory causes of importance:

cardiac failure
myocarditis2/6/37Name of operation none Date ofWhat test confirmed diagnosis Phys. Cal. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide Date of injury

Where did injury occur? Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

George H. Wood, M. D.

(Address)

Carthage Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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